

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/613,603	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		61						
2		/		/		/	62						
3		/		/		/	63						
4		/		/		/	64						
5	/						65						
6		/		/		/	66						
7		/		/		/	67						
8		/		/		/	68						
9		/		/		/	69						
10		/		/		/	70						
11		/		/		/	71						
12		/		/		/	72						
13		/		/		/	73						
14		/		/		/	74						
15		/		/		/	75						
16		/		/		/	76						
17		/		/		/	77						
18		/		/		/	78						
19		/		/		/	79						
20		/		/		/	80						
21		/		/		/	81						
22		/		/		/	82						
23		/		/		/	83						
24				/		/	84						
25				/		/	85						
26				/		/	86						
27				/		/	87						
28				/		/	88						
29				/		/	89						
30				/		/	90						
31				/		/	91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2		1		1		TOTAL IND.						
TOTAL DEP.	23		8		8		TOTAL DEP.						
TOTAL CLAIMS	25		9		9		TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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